

Case Number:	CM14-0046802		
Date Assigned:	07/02/2014	Date of Injury:	02/23/2011
Decision Date:	08/27/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49-year-old female who reported an injury on 02/23/2011. The mechanism of injury was not provided. On 03/12/2014 the injured worker presented with thoracic and low back pain. The injured worker noted that she noticed an improvement in her range of motion with prior pool therapy. Upon examination of the right leg there were 2+ deep tendon reflexes, sensation intact, but diminished on the right leg, pain to palpation over the lumbar paraspinous muscles and right greater trochanter. The diagnoses were lumbar degenerative disc disease and lumbar disc bulge. Current medications include Butrans patches, previous therapy included pool therapy and surgery consultation. The provider recommended 12 additional sessions of pool therapy for core stabilization and Butrans. The provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 additional sessions of pool therapy for core stabilization (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 23, 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The California MTUS recommends aquatic therapy as an optional form of exercise. A quality therapy can minimize the effect of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines recommend up to 10 visits of aquatic therapy for up to 4 weeks and include medical documentation evidence of the injured worker being recommended for reduced weight bearing exercise. Additionally, the amount of aquatic therapy visits that have already been completed was not provided. The provider's request does not indicate the frequency of the aquatic therapy sessions in the request as submitted. As such, the request is not medically necessary.

Butran 10mcg/hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27-28, 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The California MTUS recommends Butrans patches for the treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in injured workers who have a history of opiate addiction. Submitted medical documents lacked evidence that the injured worker needed treatment for opiate addiction. There was also no mention of a history of opiate addiction. As such, the request is not medically necessary.